

Indiana Professional Licensing Agency  
Board of Podiatric Medicine (Group 05)  
402 W. Washington St. Room W072  
Indianapolis, IN 46204

Information to renew online is below. To renew by mail - please return this entire page to the address above after signing, dating, and answering all questions on the form. Be sure to enclose your renewal fee (\$100.00). Checks should be payable to: "Indiana Professional Licensing Agency."

### Doctor of Podiatric Medicine Renewal Form

Enter Name and Address           Mail To: Indiana Professional Licensing Agency 402 W Washington St, Room W072 Indianapolis, IN 46204  Circle the appropriate answer to questions at the right and sign renewal form. Failure to answer questions and/or sign the renewal form WILL delay your renewal.  I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal and have answered the questions true to the best of my knowledge.	License Number	Date Expired 6/30/2013	Required CE Hours *See Below	Renewal Fee \$100.00	
	SINCE YOU LAST RENEWED: (if yes to any question, attach details of action taken) <input type="checkbox"/> <input type="checkbox"/>				
	1. Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending?			YES	NO
	2. Have you been denied a license, certificate, registration, or permit in any state?			YES	NO
	3. Have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?			YES	NO
	4. Have you had a malpractice judgment against you or settled a malpractice action?			YES	NO
	5. Have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?			YES	NO
Signature Of Applicant (respond Yes or No to all questions)			Date Signed		
Make Check Payable To <b>Indiana Professional Licensing Agency</b>	Enter change of address				

- Your license can be renewed online for approximately 18 months after expiration. Online renewal is faster and more accurate and available 24 hours a day, 7 days a week. When renewing online – your license is updated within one business day.
- **Renew Online** - Go to [www.pla.in.gov](http://www.pla.in.gov) and select the **License Express** link. Your Login ID is your primary license number. Password is the last four digits of your social security #. You can update your address and other demographic information during the renewal or any other time by logging in to your records online.
- **Name Changes** - Name changes must be done in writing – include a copy of a legal change document (marriage license, divorce decree, new social security card) and mail to the address above. Be sure to include your license number.
- **Positive Response(s)** - If you answer "yes" to any of the questions posed on the above renewal form, you must explain fully in a signed and notarized affidavit, meaning an explanation or statements of facts and or events, including all related details. Describe the event including the violation, location, date and disposition. If you have had a malpractice judgment against you or settled any malpractice action, provide name(s) of plaintiff(s) and circumstances surrounding the case including legal documents. Letters from attorneys or insurance companies are not accepted in lieu of your statement; however they may accompany your affidavit. NOTE: YOU ONLY NEED TO ANSWER YES TO ANY QUESTION IF IT APPLIES SINCE YOU LAST RENEWED YOUR LICENSE.
- **Continuing Education** - CE Requirements are viewable online at: <http://www.in.gov/pla/podiatry.htm>.
- If you have questions, please feel free to contact the Board of Podiatric Medicine by email at [pla5@pla.in.gov](mailto:pla5@pla.in.gov) or by phone at (317) 234-2064.